

## PRELIMINARY AND SHORT REPORTS

### THE TREATMENT OF A CASE OF KAPOSI'S VARICELLIFORM ERUPTION WITH AUREOMYCIN\*

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Kaposi (1), many years ago described a rare clinical entity consisting of sudden onset of fever, cervical adenopathy and a herpetiform eruption which is most severe on the face and neck. The course is stormy and somewhat alarming but most patients recover. These cases occur usually as a complication of a neurodermatitis or atopic dermatitis. Early



FIG. 1

authors confused this condition with *eczema vaccinatum* which is due to the virus of *vaccinia*. Later authors have more clearly defined and differentiated this condition. Lane and Herold (2), reported five cases in 1944 and by history and laboratory studies showed

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that the vaccinia virus was not responsible but that the herpes simplex virus was the agent at work. Lynch and associates (3), state that many cases of Kaposi's varicelliform eruption have eruptions resulting from implantation of the virus of herpes simplex on previously disturbed skin. Usually eczema or neurodermatitis but sometimes other dermatoses precede the acute eruption. In two of Lynch's four cases the source of herpetic virus appeared to be a parent with herpes simplex. Lynch and associates (3), report a case where experimental evidence demonstrated that the cause of Kaposi's varicelliform eruption was the virus of herpes simplex. Blattner, Heys and Harrison (4), also reported a case with experi-



FIG. 2

mental evidence that herpes simplex virus is the responsible agent. Barton and Brunsting (5), in 1944 reported two cases of Kaposi's varicelliform eruption occurring in individuals with chronic eczema (neurodermatitis) and with no evidence of vaccinia virus being present. In one case herpes simplex virus was isolated. The editors of the Yearbook of Dermatology for 1945 (6), state that "there is hardly any doubt that Kaposi's varicelliform eruption is due to the virus of herpes simplex. This has been proven by the work of Wenner, Brunsting, Lane and Herold, Lynch, Blattner and their co-workers".

Wong and Cox (7), reported recently that aureomycin, a new antibiotic derived from the mold streptomyces aureofaciens, was effective against various rickettsial and virus infections including spotted fever and virus pneumonia. Wright and associates (8), at the

same time demonstrated the value of aureomycin in lymphogranuloma venereum and granuloma inguinale. Braley and Sanders (9), stated that aureomycin seems to have some antibiotic properties against the virus of herpes simplex in herpetic infections of the cornea.

Recently a case of Kaposi's varicelliform eruption was seen in a young girl of eighteen. She had suffered from a chronic neurodermatitis since infancy. She had suffered from bronchial asthma since childhood. Her neurodermatitis had been quiescent at times and occasionally would flare up badly, particularly on her face, neck and anticubital spaces. About one year previously she had a severe generalized exacerbation of her neurodermatitis which required hospitalization for several months. Since then her skin had been affected moderately on the face, neck and anticubital areas. For several weeks prior to her present illness she had been in Florida where her skin became entirely clear. On February 7, 1949 she returned from Florida and on February 8, 1949 she noticed swollen glands on the right side of her neck. At this time she was found to have a few discrete pustules on her right cheek with marked enlargement and tenderness of the right cervical glands. The condition appeared to be a pyoderma with associated adenitis. She was given penicillin 300,000 units in oil intramuscularly and told to apply warm Burrow's solution compresses 1:30 to her cheek. The next day her temperature was 105°F. and the penicillin was repeated. Sulfadiazine one gram every four hours with ten grains of sodium bicarbonate was administered. The next day clusters of grouped vesicles appeared on the right cheek and neck followed by a similar outbreak on the left cheek and neck, (see Figure 1). (It is interesting to note that the patient's mother had lesions of herpes simplex on her lips at this time.) She appeared to be quite toxic. A diagnosis of Kaposi's varicelliform eruption was made and the patient hospitalized. On admission to University Hospital her temperature was 103°F. Her W.B.C. was 4,200, 78 per cent P.M.N., 16 per cent lymphocytes, 6 per cent monocytes. Her hemoglobin, platelets, urine and blood chemistry were all normal. Aureomycin was begun with 250 milligrams every three hours orally and penicillin 50,000 units every four hours subcutaneously. Her temperature dropped to 102°F. in a few hours and by the next morning was down to 101°F.; and by the following morning her temperature was normal and remained so. Involution of the lesions began and three days later she left the hospital with only a few faint depigmented macules where her eruption had been, (see Figure 2). The aureomycin was reduced to 250 milligrams three times a day on the third day after admission and the penicillin was discontinued.

#### DISCUSSION

With a single case and with the concurrent use of drugs other than aureomycin, plus the known fact that Kaposi's varicelliform eruption does spontaneously clear up, it is difficult to state that aureomycin alone cured this patient. However, in view of the apparent absence of response to penicillin and sulfadiazine prior to instituting aureomycin and the usually longer course of the disease where aureomycin has not been given, in contrast to the dramatic fall in temperature and shortened period of illness following the use of aureomycin here, it is our opinion that aureomycin may be of value in Kaposi's varicelliform eruption. The fact that no serum virus antibody studies were obtained deprives us of knowing whether high antibody titre was present which could account for the rapid recovery in spite of aureomycin. We recommend that aureomycin be tried on other cases of Kaposi's varicelliform eruption in conjunction with titred serum antibody studies.

An interesting fact is the presence of lesions of herpes simplex in the patient's mother at the same time that the daughter developed her lesions.

#### SUMMARY

1. A case of Kaposi's varicelliform eruption treated with aureomycin is reported.
2. Aureomycin appeared to shorten the period of illness and to cause rapid disappearance of the fever and cutaneous lesions in Kaposi's varicelliform eruption.

## REFERENCES

1. KAPOSI, M.: *Pathol. u. Therap. d. Hautkrankheiten*, Vienna, 1887.
2. LANE, C. W. AND HEROLD, W. C.: Kaposi's varicelliform eruption, report of 5 cases. *Arch. Derm. & Syph.* 50:396, 1944.
3. LYNCH, FRANCIS W., EVANS, C. H., BOLIN, V. S. AND STEVES, R. J.: Kaposi's varicelliform eruption, extensive herpes simplex as complication of eczema, with addendum. *Arch. Derm. & Syph.* 51: 129, 1945.
4. BLATTNER, R. J., HEYS, F. M. AND HARRISON, M. L. K., Etiology of Kaposi's varicelliform eruption. *J. Pediat.* 27: 207, 1945.
5. BARTON, R. L. AND BRUNSTING, L. A., Kaposi's varicelliform eruption, review of literature and report of 2 cases of its occurrence in adults. *Arch. Derm. & Syph.* 50: 99, 1944.
6. Year Book of Dermatology and Syphilology for 1945, Year Book Publishers Chicago, pp. 321-322.
7. WONG, S. C. AND COX, H. R., Action of Aureomycin against Experimental Rickettsial and Viral Infections. *Ann. New York Acad. Sci.*, Vol. 51, Art. 2, pp. 175-342, Nov. 1948.
8. WRIGHT, L. T., SANDERS, M., LOGAN, A., PRIGOT, A. AND HILL, L. M. Treatment of lymphogranuloma venereum, and granuloma inguinale in Humans. *Ann. New York Acad. Sci.*, Vol. 51, Art. 2, pp. 175-342, Nov. 1948.
9. BRALEY, A. E. AND SANDERS, M. Aureomycin in ocular infections. *Ann. New York Acad. Sci.*, Vol. 51, Art. 2, pp. 175-342, Nov. 1948.